

**FAX ORDER FORM**

Today's date: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Function:  Staff  Customer  Executive  Board  Other

Requested date for catering service: \_\_\_\_\_

Time: \_\_\_\_\_ Room #: \_\_\_\_\_

Instructions: \_\_\_\_\_



Item#	Quantity	Name of Item	Price/unit	Total Price	Note
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

<b>Sub Total</b>	
7% sales tax	
For trees, add 18% setup charge	
<b>Grand total</b>	

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